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<p><i>Effective on 12/08/2004.</i></p> <p><i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <p>FEE TRANSMITTAL</p> <p>For FY 2009</p>		<p>Complete if Known</p>	
		Application Number	10/588,699-Conf. #2425
		Filing Date	March 9, 2007
		First Named Inventor	Martin JOHANSSON
		Examiner Name	B. L. Coleman
		Art Unit	1624
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	5998-0505PUS3
TOTAL AMOUNT OF PAYMENT		(\$)	
		810.00	

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims Extra Claims Fee (\$) = Fee Paid (\$) Multiple Dependent Claims
· or HP = _____ x _____ = _____ Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

- or HP = _____ x _____ = _____

3 APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER EEE(S)

Non-English Specification \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37

SUBMITTED BY				
Signature		Registration No. (Attorney/Agent)	47,604	Telephone (858) 792-8855
Name (Print/Type)	Susan W. Gorman			Date January 2, 2009